SERIAL NO. MULTIPLE DEPENDENT CLAIM FILING DATE 10/59%/0/ APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER **AS FILED** I"AMENDMENT 2 MAMENDMENT I" AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND TOTAL DEF TOTAL DEP. TOTAL TOTAL CLAIMS CLAIMS U.S. DEPARTMENT of COMMERCE PTO - 1360 (REY 11/04)